

morbid condition was confined to a small spot, and the existence of the disease of the arterial system recognized during life rendered hemorrhage more probable than any other alteration. Dr. Weber thought under similar circumstances an almost accurate diagnosis might be always ventured.

"The author then gave an account of the two only cases of an analogous nature which he had met with in medical literature; the one related by Andral (*Clinique Médicale*, tome v. p. 339, 1834), the other by P. H. Green (*Médico-Chirurgical Transactions*, vol. xxv. p. 195), the main symptoms of both cases being in accordance with those observed by himself. He then touched upon the symptoms produced by section of the crura cerebri in animals, especially the circus movements described by Magendie, Lafarque, Longet, Schiff, and other physiologists, the absence of hemiplegia, and the occurrence of hyperæsthesia on the side of the lesion noted by Schiff. Dr. Weber did not endeavour to explain the discrepancy between the results of vivisections and the symptoms of disease in man. He alluded, however, to the differences in the pathological and experimental lesions themselves, and also in the connection of the different portions of the brain between themselves in man and animals. He wished by no means to disregard the results of the physiological experiment; but, on the contrary, thought that whenever any discrepancy existed, we ought to be very cautious in drawing inferences from pathological observations. He therefore did not consider as certain, but only as probable results of lesions of the centre, the internal and lower portions of the crura cerebri in man (the only parts which were diseased in the three cases related): 1. Almost perfect paralysis of the limbs of the opposite side as to motion, and great impairment as to sensation. 2. Less complete and more transitory paralysis of the opposite side of the trunk, of the face, soft palate, and tongue, as to motion and sensation (leaving the muscles of the eye intact). 3. A similar, but perhaps more permanent, impairment of the pneumogastric and sympathetic nerves of the opposite side. 4. A great retardation in the functions of the intestinal canal. 5. Immunity of the intellectual faculties and special senses. 6. Paralysis of the third nerve on the side of the lesion, if the latter affects the nerve substance adjacent to the point of issue of that nerve.—*Lancet*, May 16, 1863.

19. *Prolonged and Profound Sleep*.—Dr. J. W. COUSINS records (*Med. Times and Gazette*, April 18, 1863) the following remarkable example of this:—

"A farmer, æt. 43, has been subject at intervals during the last twenty years to attacks of deep and prolonged sleep. He has never suffered from any disease of the brain, or any other illness. The disorder commenced without any assignable cause in the year 1842, and continued nearly a whole year. It returned again in 1848, and having persisted without interruption for eighteen months, it left him entirely for the space of twelve years. The present attack commenced on May 19, 1860. Since that time he has not slept naturally.

"He retires to bed at night soon after 10 P.M., and almost immediately falls into a profound sleep, from which all the means at present adopted have failed to arouse him. He generally sleeps on his side, and appears like a person in refreshing slumber. His face and ears are pale; skin generally warm; but the feet are often cold and livid. Pulse slow and feeble; pupils generally somewhat dilated; respiration very gentle and shallow. He seldom moves, but occasionally he turns over from one side to the other. He never snores or moans. He awakes suddenly, without giving any warning, and he always seems refreshed, just as if he had slept naturally. Occasionally he complains of a slight pricking sensation in the forehead.

"The longest period he has ever passed in profound sleep is five days and five nights. Lately, he has frequently slept three days, and occasionally four without waking, but the average time is nearly two days. He is awake about four or five hours out of forty-eight. During these remarkable sleeps he never dreams, and the contents of the bowel and bladder are always retained. Before he falls asleep, he says that he "sometimes feels stupid;" but this is the only head symptom he ever complains of. His memory is good. When he awakes he remembers everything that happened the day before he began to sleep, and always asks, 'How long have I slept?'

"Lately, he has looked pale, and has lost flesh. His appetite is good, and the bowels are active. His manner is quiet and his disposition amiable. He is a good man of business, and is fond of reading. In intellectual power he is by no means deficient, but his early opportunities have been limited.

"During the attack in the year 1848, he frequently suffered from spasmodic trismus, which generally commenced soon after he awoke, and persisted for many hours. His jaws were always firmly locked, and at the same time he complained of pain in the back and neck. This affection, however, has never reappeared."

20. *Incubation of Hydrophobia.*—M. RENAULT informs the Academy of Sciences that during the last twenty-four years he has, at Alfort, made numerous experiments for the purpose of learning the period of incubation of hydrophobia in the dog. During that period, 131 dogs have, under conditions (which he describes), been either bitten by mad dogs under his own observation, or have been inoculated by him with the foam as immediately collected from the mad animals. Of this number, 63 having presented no signs of disease during the four subsequent months, were not further observed. Of the 68 others, the hydrophobia was developed at various periods, as shown in the following table:—

In 1 dog between the 5th and	10th day.
4 dogs " 10th and	15th day.
6 " " 15th and	20th day.
5 " " 20th and	25th day.
9 " " 25th and	30th day.
10 " " 30th and	35th day.
2 " " 35th and	40th day.
8 " " 40th and	45th day.
7 " " 45th and	50th day.
2 " " 50th and	55th day.
2 " " 55th and	60th day.
4 " " 60th and	65th day.
1 dog " 65th and	70th day.
4 dogs " 70th and	75th day.
2 " " 80th and	90th day.
1 dog " 100th and	120th day.

*British Med. Journ.*, Feb. 21, 1863.

21. *Action of the Hypophosphites of Soda and Lime, the so-called "Specific" for Tubercular Diseases.*—Dr. R. P. Cotton has instituted some experiments with these boasted specifics of Dr. Churchill in consumption, at the hospital for consumption, Brompton, and relates (*Lancet*, Nos. for April 25th and May 2d, 1863) 12 cases in which he employed those articles. The following are his conclusions:—

In taking a general review of these 12 cases, it should be remarked in the first place that they were, with only two exceptions (Nos. 1 and 2) of a promising class; for if either an unpromising or hopeless set of cases had been selected for the experiments, it might reasonably have been urged that the hypophosphites had not had a fair trial. Of the twelve patients, six improved more or less under treatment; and in six the disease progressed. Of the six unimproved cases, two improved in a greater or less degree under subsequent treatment; whilst each one of the six cases which underwent improvement did just as well, and, in at least two instances, apparently better, under equally simple treatment. In every case the greatest care was taken to observe the *immediate* effect of the phosphatic salt, and in no one instance was Dr. Churchill's statement that "from the very first day there is frequently observed a remarkable increase of nervous power," &c., verified. No particular effect, indeed, seemed to accompany its use; and in no case was the substitution of the simple mixture of carbonate of soda and syrup attended with any alteration in the symptoms, and only once was such a substitution detected by the patient. Whenever the change was